

10/350
10/53780

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/350
10/53780

Serial No. _____ Filing Date _____
Applicant(s) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					51					
2			1		1			52					
3			1		1			53					
4			1		1			54					
5			1		1			55					
6			1		1			56					
7			1		1			57					
8			1		1			58					
9			1		1			59					
10			1		1			60					
11			1		1			61					
12			1		1			62					
13			1		1			63					
14			1		1			64					
15			1		1			65					
16			1		1			66					
17			1		1			67					
18			1		1			68					
19			1		1			69					
20			1		1			70					
21			1		1			71					
22			1		1			72					
23			1		1			73					
24			1		1			74					
25			1		1			75					
26			1		1			76					
27			1		1			77					
28			1		1			78					
29			1		1			79					
30			1		1			80					
31			1		1			81					
32			1		1			82					
33			1		1			83					
34			1		1			84					
35			1		1			85					
36			1		1			86					
37			1		1			87					
38			1		1			88					
39			1		1			89					
40			1		1			90					
41			1		1			91					
42			1		1			92					
43			1		1			93					
44			1		1			94					
45			1		1			95					
46			1		1			96					
47			1		1			97					
48			1		1			98					
49			1		1			99					
50			1		1			100					
TOTAL IND.	1		1		1			TOTAL IND.	1		1		1
TOTAL DEP.	42		40		42			TOTAL DEP.	42		40		42
TOTAL CLASSES	43		41		43			TOTAL CLASSES	43		41		43

Best Available Copy